

## **Maricopa County Diabetes Management Program**

**Employee Instructions**: Take this form with you to your next dental appointment. Ask the dentist to complete the date(s) of the exam and sign this form. A dated receipt, also called a Superbill, is acceptable verification if it contains information showing the specific exam was completed.

Direct questions regarding completion of this form or the Diabetes Management Program to:

Lindsey Grantham, Wellness Coordinator
602-506-3758
granthaml@mail.maricopa.gov

Deliver the completed form to:

**Employee Health Initiatives Department** 

Attention: Lindsey Grantham 301 W Jefferson St., Suite 201 Phoenix, AZ 85003

Or fax the form to (602) 506-1292.

Dentist's Signature

	Requirement	Requirement Annually		<b>Date Completed</b>		Dentist's Name	
	Oral Exam	Semi-Annually					
	Cleaning	Semi-Annually					
Participant Name							
Employee Name						Employe	e ID

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Date